

# Attestation form: COVID-19 vaccine additional & booster dose eligibility

## For patients who have previously received two doses of Moderna or Pfizer's COVID-19 vaccine

You must self-attest that you are eligible for either an additional dose or booster dose following an initial series of Pfizer or Moderna COVID-19 vaccine.

- For patients attesting to additional dose eligibility, **you are not required to identify which specific condition or diagnosis is applicable to you.** You must also be 18 years of age or older for all booster doses or additional doses (additional dose of Pfizer is authorized for age 12+) As a reminder, Booster doses for those who received Pfizer and Moderna initially should be administered at least 6 months after the second dose and a booster dose for those who received Janssen patients should be administered at least 2 months after the initial dose. Pfizer and Moderna additional doses for immunocompromised patients can be administered 28 days or more after your last dose.

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| <p><b>I am attesting that I have received two doses of Moderna or Pfizer's COVID-19 vaccine.</b></p> <p><b>If you received one dose of Johnson &amp; Johnson (Janssen) COVID-19 Vaccine, DO NOT COMPLETE THIS FORM. You are eligible to receive a Booster Dose provided it has been 2 months since your previous dose.</b></p> | <p><b>YES</b> <input type="checkbox"/></p> |
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| Eligibility criteria for an additional dose of Moderna and Pfizer vaccine | Eligible for the additional dose? |
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| <p>You must meet at least one of the criteria below indicating moderate to severe immunocompromised state to be eligible. If you do, check box at right.</p> <ul style="list-style-type: none"> <li>Acute treatment for solid tumor and hematologic malignancies</li> <li>Receipt of solid-organ transplant and taking immunosuppressive therapy</li> <li>Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)</li> <li>Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes)</li> <li>Advanced or untreated HIV infection</li> <li>Active treatment with high-dose corticosteroids (i.e., <math>\geq 20</math>mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory</li> <li>Chronic conditions associated with varying degrees of immune deficit, such as asplenia, sickle cell and chronic renal disease</li> <li>Other diagnosed chronic condition with equivalent moderate to severe level of immunocompromise</li> </ul> | <p><b>YES</b> <input type="checkbox"/></p> |
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**If you do not meet any of the criteria above, you are NOT eligible for an additional dose of Pfizer or Moderna COVID-19 vaccine dose at this time.** Review the booster dose criteria to determine if a booster dose is appropriate for you.

| Eligibility criteria for booster dose of Pfizer and Moderna vaccine | Eligible for the booster dose? |
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| <p>You must meet at least one of the criteria below. If you do, check box at right.</p> <ul style="list-style-type: none"> <li>Age 65 years or older should receive a booster</li> <li>Long Term Care Facility Resident 18 years and older should receive a booster</li> <li>Patients age 50-64 years with underlying medical condition(s)* should receive a booster</li> <li>Patients age 18-49 years with underlying medical condition(s)* may receive a booster based on individual benefits and risks</li> <li>Patients age 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster, based on individual benefits and risks</li> </ul> <p><small>*Examples of underlying medical conditions are pregnancy/recently pregnant, diabetes, chronic kidney, liver, lung disease or other</small></p> | <p><b>YES</b> <input type="checkbox"/></p> |
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**If you do not meet any of the criteria above, you are NOT eligible for a booster COVID-19 vaccine dose.**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Signature \_\_\_\_\_

